
State:	District of Columbia	Filing Company:	United States Liability Insurance Company
TOI/Sub-TOI:	05.0 CMP Liability and Non-Liability/05.0002 Businessowners		
Product Name:	Non-Profit Businessowners		
Project Name/Number:	NP-NBP-2015-190/NP-NBP-2015-190		

Filing at a Glance

Company:	United States Liability Insurance Company
Product Name:	Non-Profit Businessowners
State:	District of Columbia
TOI:	05.0 CMP Liability and Non-Liability
Sub-TOI:	05.0002 Businessowners
Filing Type:	Form
Date Submitted:	09/04/2015
SERFF Tr Num:	USLI-130209405
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	NP-NBP-2015-190
Effective Date	01/18/2016
Requested (New):	
Effective Date	05/15/2016
Requested (Renewal):	
Author(s):	Becky Day, Ally Fiorelli
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

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General Information

Project Name: NP-NBP-2015-190	Status of Filing in Domicile:
Project Number: NP-NBP-2015-190	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/04/2015	
State Status Changed:	Deemer Date:
Created By: Ally Fiorelli	Submitted By: Ally Fiorelli
Corresponding Filing Tracking Number:	

Filing Description:

We are filing the following revisions for use with our Non-Profit Businessowners product:

BP 85 (10-10) as a new endorsement
BP 152 (01-13) replaces BP 152 (08-10)
BP 193 (08-14) replaces BP 8 (02-09)

Thank you for your review of this submission.

Company and Contact

Filing Contact Information

Becky Day, Filing Specialist	bday@usli.com
1190 Devon Park Drive	888-523-5545 [Phone] 2037 [Ext]
PO Box 6700	610-688-4391 [FAX]
Wayne, PA 19087	

Filing Company Information

United States Liability Insurance Company	CoCode: 25895	State of Domicile:
1190 Devon Park Drive	Group Code: 31	Pennsylvania
PO Box 6700	Group Name: Berkshire Hathaway Group	Company Type: Property & Casualty
Wayne, PA 19087-2191	FEIN Number: 23-1383313	State ID Number:
(888) 523-5545 ext. 2586[Phone]		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Punitive or Exemplary Damages Exclusion	BP 85	(10-10)	END	New			0.000	BP 85 (10-10).pdf
2		Separation of Insureds Clarification Endorsement	BP 152	(01-13)	END	Replaced	Previous Filing Number:	USLI-126794928	0.000	BP 152 (01-13).pdf
							Replaced Form Number:	BP 152 (08-10)		
3		Limits of Insurance Under Multiple Coverage Parts	BP 193	(08-14)	END	Replaced	Previous Filing Number:	USLI-129503206	0.000	BP 193 (08-14).pdf
							Replaced Form Number:	BP 8 (02-09)		

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

PUNITIVE OR EXEMPLARY DAMAGES EXCLUSION

Regardless of any other provision of this policy, this policy does not apply to punitive or exemplary damages.

If a suit is brought against any insured, and falls within the coverage provided by the policy, seeking both compensatory damages (damages for economic loss and pain and suffering) and punitive or exemplary damages (damages as a means of punishment), no coverage shall be provided by this policy for any costs, interest, defense costs, attorney or legal fees of any type or damages attributable to punitive or exemplary damages.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SEPARATION OF INSURED'S CLARIFICATION ENDORSEMENT

It is agreed:

SECTION II – LIABILITY; E. Liability And Medical Expenses General Conditions; 4. Separation Of Insureds is deleted in its entirety and replaced with the following:

4. Separation of Insureds

The Limits of Insurance of **Section II – Liability** applies:

- a.** As if each Named Insured were the only Named Insured; and
- b.** Separately to each insured against whom claim is made or "suit" is brought, but nothing in this endorsement shall serve to increase the Limits of Insurance beyond the Per occurrence, per person, per premises, per common cause, aggregate or any similar limit stipulated in the Declarations.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM
COVERAGE PART A. NON PROFIT DIRECTORS AND OFFICERS LIABILITY
COVERAGE PART B. EMPLOYMENT PRACTICES LIABILITY

LIMITS OF INSURANCE UNDER MULTIPLE COVERAGE PARTS

It is agreed:

BUSINESSOWNERS COVERAGE FORM, **SECTION III – COMMON POLICY CONDITIONS, H. Other Insurance**, is amended by the addition of the following:

4. Limit Of Insurance Under Multiple Coverage Parts

If we determine that more than one coverage part applies to the same “occurrence”, **Wrongful Employment Acts** or **Wrongful Act**, the maximum limits of insurance available under all coverage parts combined shall be the highest applicable limit of insurance under any one coverage part. The applicable deductible shall correspond to the coverage part with the highest limit of insurance.

This condition does not apply to any coverage form or policy issued by us, or an affiliated company specifically to apply as excess or umbrella insurance over this policy.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

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Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Form Comparison
Comments:	
Attachment(s):	BP 152 (01-13) vs BP 152 (08-10).pdf BP 193 (08-14) vs BP 8 (02-09).pdf
Item Status:	
Status Date:	

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SEPARATION OF INSURED'S CLARIFICATION ENDORSEMENT

It is agreed:

SECTION II – LIABILITY; E. Liability And Medical Expenses General Conditions; 54.
Separation Of Insureds is deleted in its entirety and replaced with the following:

54. Separation of Insureds

The Limits of Insurance of **Section II – Liability** applies:

- a.** As if each Named Insured were the only Named Insured; and
- b.** Separately to each insured against whom claim is made or “suit” is brought, but nothing in this endorsement shall serve to increase the Limits of Insurance beyond the Per occurrence, per person, per premises, per common cause, aggregate or any similar limit stipulated in the Declarations.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

~~UNITED STATES LIABILITY INSURANCE GROUP~~
~~WAYNE, PENNSYLVANIA~~

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM
~~TECHNOLOGY PROFESSIONAL~~ COVERAGE PART A. NON PROFIT DIRECTORS
AND OFFICERS LIABILITY ~~COVERAGE FORM~~
COVERAGE PART B. EMPLOYMENT PRACTICES LIABILITY

LIMITS OF INSURANCE UNDER MULTIPLE COVERAGE PARTS

It is agreed-:

BUSINESSOWNERS COVERAGE FORM, SECTION III – COMMON POLICY CONDITIONS, ~~paragraph H. Other Insurance~~, is amended by the addition of the following:

4. Limit Of Insurance Under Multiple Coverage Parts

If we determine that more than one coverage part applies to the same “occurrence”~~”~~, Wrongful Employment Acts or **Wrongful Act**, the maximum limits of insurance available under all coverage parts combined shall be the highest applicable limit of insurance under any one coverage part. The applicable deductible shall correspond to the coverage part with the highest limit of insurance.

This condition does not apply to any coverage form or policy issued by us, or an affiliated company specifically to apply as excess or umbrella insurance over this policy.

~~It is agreed **TECHNOLOGY PROFESSIONAL LIABILITY COVERAGE FORM, XV. OTHER INSURANCE** is amended by the addition of the following:~~

~~If we determine that more than one coverage part applies to the same **Loss or Wrongful Act**, the maximum limits of insurance available under all coverage parts combined shall be the highest applicable limit of insurance under any one coverage part. The applicable deductible shall correspond to the coverage part with the highest limit of insurance.~~

~~This condition does not apply to any coverage form or policy issued by us, or an affiliated **Company** specifically to apply as excess or umbrella insurance over this policy.~~

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.